SUNSHINE PUBLIC SCHOOL

Village Chuhuwal Nalagarh Distt Solan, Himachal Pradesh Pin 174101
Tel. : 01795-223373 | E-mail : sspsnalagarh@gmail.com

Together we Shine

TRANSFER CERTIFICATE

Affiliation No. ..... School Code .....PEN.....

Book No. ..... SI. No..... Admission No. .....

1. Name of the Student : - .....
2. Mother's Name : -..... .....
3. Father's/ Guardian's Name : - ... .
4. Date of Brith (in Chiristian Era) according to Admission & Withdrawal Register

   (In figures) .....(in words).....

   .....
5. Proof for Date of Birth submitted at the time of admission... .....
6. Nationality : - .....
7. Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC: .....
8. Date of first admission in the School with class: . .....
9. Class in which the pupil last studied (in figure) .....(in words).....
10. Whether failed, if so once/ twice in the same class: .....
12. Subject Studied : 1 ..... 2..... 3.....

    4..... 5.....6. .....
13. Whether qualified for promotion to the higher class:

    If so, to which class (in fig) ..... (in words).....
14. Total No. of working days in the academic session: .....
15. Total No. of presence in the academic session: .....
16. Month upto which the people has paid school dues.....
17. Any fee concession availed of, if so, the nature of such concession.....
18. Whether NCC Cadet/Boy Scout/Girl Guide (details may be given).....
19. Whether school is under Govt. / Minority/Independent Category .....
20. Games played on extra curricular activities in which the pupil usually took part (mention achievement level therein).....
21. Date of application for certificate : .....
22. Date on which pupils name was struck off from the school: .....
23. Date of issue of certificate : .....
24. Any other remarks : .....

I hereby declare that the above information including Name of the Candidate Father's Name, Mother's Name and Date of Birth furnished above is correct as per school records.

Date .....

Signature of the Principal .....